

# BEST AVAILABLE COPY

**PCT**

**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) P 2003 02047 WO1

**Box No. I TITLE OF INVENTION**

A connector box partly embedded in a fibre-reinforced part for protecting and connecting purposes

**Box No. II APPLICANT**

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LM Glasfiber A/S  
Rolle Møllevej 1  
DK-6640 Lunderskov  
DENMARK

Telephone No.

Faximile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

DK-Denmark

State (that is, country) of residence:

DK-Denmark

This person is applicant for the purposes of:

all designated States

all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MORTENSEN, Ivan Engmark  
GI. Tved 6, Tved  
DK-6000 Kolding  
DENMARK

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DK-Denmark

State (that is, country) of residence:

Dk-Denmark

This person is applicant for the purposes of:

all designated States

all designated States except the United States of America

the United States of America only

the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Zacco Denmark A/S  
Aaboulevarden 17  
P.O. Box 5020  
DK-8100 Aarhus C  
DENMARK

Telephone No.

+45 86 20 22 22

Faximile No.

+45 86 20 22 10

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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Sheet No. ...2...

**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.*)

JENSEN, Lars Erik  
Askanvej 10, Remmerslund  
DK-8722 Hedensted  
DENMARK

This person is:

- applicant only
- applicant and inventor
- inventor only (*If this check-box is marked, do not fill in below.*)

Applicant's registration No. with the Office

State (*that is, country*) of nationality:  
DK-Denmark

State (*that is, country*) of residence:  
DK-Denmark

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.*)

This person is:

- applicant only
- applicant and inventor
- inventor only (*If this check-box is marked, do not fill in below.*)

Applicant's registration No. with the Office

State (*that is, country*) of nationality:

State (*that is, country*) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.*)

This person is:

- applicant only
- applicant and inventor
- inventor only (*If this check-box is marked, do not fill in below.*)

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This person is:

- applicant only
- applicant and inventor
- inventor only (*If this check-box is marked, do not fill in below.*)

Applicant's registration No. with the Office

State (*that is, country*) of nationality:

State (*that is, country*) of residence:

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

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Sheet No. 3

## Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection
- KR Republic of Korea is not designated for any kind of national protection
- RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

## Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date<br>of earlier application<br>(day/month/year) | Number<br>of earlier application | Where earlier application is:                        |                        |  |
|---|----------------------------------|--|------------------------|--|
|   |                                  | national application:<br>country or Member<br>of WTO | regional application:* | international application:<br>receiving Office |
| item (1)<br>23.01.2004                                    | PA 2004 00093                    | DK-Denmark   |                        |  |
| item (2)  |                                  |  |                        |  |
| item (3)  |                                  |  |                        |  |

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items       item (1)       item (2)       item (3)       other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

## Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                          Number                                  Country (or regional Office)

## Box No. VIII DECLARATIONS

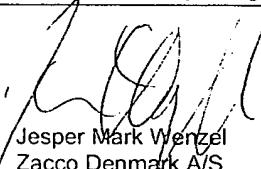
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

|                          |                    |  |   |
|--------------------------|--------------------|--|---|
| <input type="checkbox"/> | Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> | Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> | Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> | Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> | Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

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Sheet No. .... 4

| Box No. IX CHECK LIST; LANGUAGE OF FILING   |   |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
|---|---|---|---|---|--|---|----|--------|---|---|----------|---|---|----------|---|---|-----------------------------------|---|-----------|------------------|---|--|------------------------|---|--|---|--|--|-------------------------------|---|-----------|--|--|---|---|---|--|---|--|---|---|--|---|---|--|---|---|--|--|---|--|--|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|-----------------|
| <p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr><td>request (including declaration sheets)</td><td>:</td><td style="text-align: right;">4</td></tr> <tr><td>description (excluding sequence listing and/or tables related thereto)</td><td>:</td><td style="text-align: right;">10</td></tr> <tr><td>claims</td><td>:</td><td style="text-align: right;">2</td></tr> <tr><td>abstract</td><td>:</td><td style="text-align: right;">1</td></tr> <tr><td>drawings</td><td>:</td><td style="text-align: right;">6</td></tr> <tr><td><b>Sub-total number of sheets</b></td><td>:</td><td style="text-align: right;"><b>23</b></td></tr> <tr><td>sequence listing</td><td>:</td><td></td></tr> <tr><td>tables related thereto</td><td>:</td><td></td></tr> <tr><td colspan="3"><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></td></tr> <tr><td><b>Total number of sheets</b></td><td>:</td><td style="text-align: right;"><b>23</b></td></tr> </table> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))<br/>             (i) <input type="checkbox"/> sequence listing<br/>             (ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))<br/>             (i) <input type="checkbox"/> sequence listing<br/>             (ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing: .....<br/> <input type="checkbox"/> tables related thereto: .....<br/> <i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p> |   | request (including declaration sheets)                              | : | 4 | description (excluding sequence listing and/or tables related thereto) | : | 10 | claims | : | 2 | abstract | : | 1 | drawings | : | 6 | <b>Sub-total number of sheets</b> | : | <b>23</b> | sequence listing | : |  | tables related thereto | : |  | <i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i> |  |  | <b>Total number of sheets</b> | : | <b>23</b> | <p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> fee calculation sheet</td><td>:</td><td style="text-align: right;">1</td></tr> <tr><td><input type="checkbox"/> original separate power of attorney</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> original general power of attorney</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> copy of general power of attorney; reference number, if any: .....</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> statement explaining lack of signature</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> translation of international application into (language): .....</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> sequence listing in computer readable form (<i>indicate type and number of carriers</i>)</td><td>:</td><td></td></tr> <tr><td>    (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td><td>:</td><td></td></tr> <tr><td>    (ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (c)(i) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td><td>:</td><td></td></tr> <tr><td>    (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> tables in computer readable form related to sequence listing (<i>indicate type and number of carriers</i>)</td><td>:</td><td></td></tr> <tr><td>    (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quarter) only (and not as part of the international application)</td><td>:</td><td></td></tr> <tr><td>    (ii) <input type="checkbox"/> (<i>only where check-box (b)(ii) or (c)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quarter)</td><td>:</td><td></td></tr> <tr><td>    (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td><td>:</td><td></td></tr> <tr><td><input type="checkbox"/> other (specify): .....</td><td>:</td><td></td></tr> </table> |  | <input checked="" type="checkbox"/> fee calculation sheet | : | 1 | <input type="checkbox"/> original separate power of attorney | : |  | <input type="checkbox"/> original general power of attorney | : |  | <input type="checkbox"/> copy of general power of attorney; reference number, if any: ..... | : |  | <input type="checkbox"/> statement explaining lack of signature | : |  | <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): ..... | : |  | <input type="checkbox"/> translation of international application into (language): ..... | : |  | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | : |  | <input type="checkbox"/> sequence listing in computer readable form ( <i>indicate type and number of carriers</i> ) | : |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) | : |  | (ii) <input type="checkbox"/> ( <i>only where check-box (b)(i) or (c)(i) is marked in left column</i> ) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter | : |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column | : |  | <input type="checkbox"/> tables in computer readable form related to sequence listing ( <i>indicate type and number of carriers</i> ) | : |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quarter) only (and not as part of the international application) | : |  | (ii) <input type="checkbox"/> ( <i>only where check-box (b)(ii) or (c)(ii) is marked in left column</i> ) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quarter) | : |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column | : |  | <input type="checkbox"/> other (specify): ..... | : |  | Number of items |
| request (including declaration sheets)  | : | 4   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| description (excluding sequence listing and/or tables related thereto)  | : | 10  |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| claims  | : | 2   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| abstract  | : | 1   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| drawings  | : | 6   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <b>Sub-total number of sheets</b>   | : | <b>23</b>   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| sequence listing  | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| tables related thereto  | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i>   |   |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <b>Total number of sheets</b>   | : | <b>23</b>   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input checked="" type="checkbox"/> fee calculation sheet   | : | 1   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> original separate power of attorney  | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> original general power of attorney   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> statement explaining lack of signature   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....  | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> translation of international application into (language): .....  | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> sequence listing in computer readable form ( <i>indicate type and number of carriers</i> )   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (ii) <input type="checkbox"/> ( <i>only where check-box (b)(i) or (c)(i) is marked in left column</i> ) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> tables in computer readable form related to sequence listing ( <i>indicate type and number of carriers</i> )   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quarter) only (and not as part of the international application)   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (ii) <input type="checkbox"/> ( <i>only where check-box (b)(ii) or (c)(ii) is marked in left column</i> ) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quarter)   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <input type="checkbox"/> other (specify): .....   | : |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <p>Figure of the drawings which should accompany the abstract: 3</p>  |   | <p>Language of filing of the international application: English</p> |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |
| <p><b>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b><br/> <i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> <p>Aarhus C, 24 January 2005</p>  <p>Jesper Mark Wenzel<br/>Zacco Denmark A/S</p>  |   |   |   |   |  |   |    |        |   |   |          |   |   |          |   |   |                                   |   |           |                  |   |  |                        |   |  |   |  |  |                               |   |           |  |  |   |   |   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |  |  |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |   |   |  |                 |

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| <p>1. Date of actual receipt of the purported international application:</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <p>5. International Searching Authority (if two or more are competent): ISA /</p> |  | <p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p> <p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p> |  |

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